<u></u>	Approve	ed For	Release 20	06/1 ⁻	<u>1/13 4 SCIA 4</u>	P75-0	<u>0399F</u>							
REPORTS INVENTORY CONTROL NO.														
PREPARE IN DUPLICATE									DDS/OTR/CTP-2					
1. TITLE OF REPORT (if a fill-in report include Form No.) 2. TYPE XX STATISTICAL												FICAL		
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Monthly Attachment Report									REPORT			E-NAME LISTING		
	X	- ' - '	RSONNEL		TRAIN				ADMIN.					
3. FUNCTIONAL AREA			STICS	SECURITY			OTHER (specify)							
4. NO. OF COPI	ES PREPARED		DIGAL Tues	monthly qua		tc.)	6. DISTRIBUTION (No. of components not							
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7. FORMAT (mem	orandum, fo	rm 8. A							E AUTHORI	TY RE	QUIRIN	REPORT		
computer print-out, etc) Memorandum			YES IF YES GIVE ADP PROCESSING NO.						Internal - CTP OTR 1-2					
								total number and identify by Title,						
10. PREPARING C	OMPONENT (i) g informatio	nciude on to r	lowest level		FEEDER Form No.	REPORTS (S	Sta te : enclati	total n	umber an ittach se	d ide perat	ntify b e sheet	y Title, : if necessary.)		
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12. COST FACTORS														
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GOAL PROPOSED BY COMPONENT FOR THIS REPORT											ESTIMATED SAVINGS			
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FORM 142				•	Classific	ation		-	• •			(22-36-43)		

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